

SECURITY INCIDENT/VIOLATION FORM

Reported by:	<u>Send or FAX to:</u> FAX (602) 542-0095	ISS ONLY: REF# : REC'D: ACTION: CLOSED
Date:	ADOA/ISD	
Phone:	Information Security Services 100 North 15th Avenue Phoenix, AZ 85007	

(All reports and identities of employees making reports are held in the strictest confidence. If Security does not respond within 24 hours, please call 542-2252)

INCIDENT TYPE

Data Violation: <input type="checkbox"/> Data revealed to unauthorized person <input type="checkbox"/> Attempt(s) to access unauthorized data <input type="checkbox"/> Access of unauthorized data <input type="checkbox"/> Unauthorized alteration of data <input type="checkbox"/> Software changes without approval	Password Violation: <input type="checkbox"/> Unauthorized use of control identifier (USERID, SIGN-ON, PASSWORD) <input type="checkbox"/> Asked other for a control identifier <input type="checkbox"/> Revealed personal control identifier
Site Violation: <input type="checkbox"/> Unescorted visitors in secure area <input type="checkbox"/> Entry to secure area without ID card <input type="checkbox"/> Allowed unauthorized use of ID card <input type="checkbox"/> Destruction of State Property	Equipment Violation: <input type="checkbox"/> Unauthorized use of State equipment <input type="checkbox"/> Failed to sign-off <input type="checkbox"/> Hardware changes without approval <input type="checkbox"/> Unauthorized removal of equipment
Internet Violation: <input type="checkbox"/> Unauthorized release of information <input type="checkbox"/> Personal use of State assets	Workplace Violence: <input type="checkbox"/> Potential for violence situation <input type="checkbox"/> Physical abuse <input type="checkbox"/> Verbal/other abuse

Other _____

DESCRIPTION OF INCIDENT/VIOLATION: (Who, What, Where, When, Witnessed by, Reported to)